			talendaria		••	•••					YOU I	****	
PATENT APPLICATION FEE DETERMINATION RECOR													
:			ive Octobe	· · · ·	0				アリコ	5 (-	>18	887	
*		CLAIMS AS	S FILED - F (Column 1		(Colun	nn 2)	SMAL TYPE		YTTTY	OR	OTHER SMALL		
Ţ	OTAL CLAIMS		17				RA	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILÉD		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		Ø	B		9=		OR	X\$18=		
INC	DEPENDENT CL	AIMS	4 minus 3 =			X40=		0 <u>-</u>		OR	X80=	\$0	
ML	JLTIPLE DEPEN	DENT CLAIM PI	RESENT							10		80	
• If	the difference	in column 1 is	less than zen	o. enter "	0" in co	olumn 2	+13	** ` ` `		OR	+270=	<i>‡</i>	
						, , , , , , , , , , , , , , , , , , ,	TO1	AL		OR	TOTAL	790	
	U.	LAIMS AS A (Column 1)	MENDED	- PAH I (Column		(Column 3)	SM	ALL'I	ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PRÉVIOU PAID FO	R ISLY	PRESENT EXTRA	'RA	Ϊ E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total		Minus	**	711	=	X\$	9=		OR	×X\$18=		
2	Independent		Minus	***		=, -,-	X44	0 ≐ ″		OR	/X80 ≜		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							9 			+270=		
							+13	OTAL		OR	TOTAL		
			·		_ ·		ADDIT.			JOR .	ADDIT. FEE		
		(Column 1) CLAIMS		(Columi		(Column 3)					*		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		# -	X\$	9=		OR	X\$18=		
AME	Independent	•	Minus	***		=	X4	0=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT (CLAIM		+13	5=		OR	+270=		
			•		•		T	OTAL			TOTAL		
		40.1			aluma (0 - 1		ADDIT.	FEE :	<u>. </u>	IOU	ADDIT. FEE	L	
4.5		(Column 1) CLAIMS		(Columi HIGHE		(Column 3)		•	ADDI	1	· · · · · ·	ADDI	
IENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JŞLY	PRESENT EXTRA	RA	ΓĒ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	ï	
	Independent	*	Minus	***		=	X4	0=		OR	X80=		

	If the entry in column 1 i	e loce than th	o ontre i	n column 2	write "0" in column 3	
			-			
	•				, •	
_						

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

+270=

TOTAL

+135=

ADDIT. FEE

TOTAL